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December 21, 2005

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From: MICHAEL B. DODD
Serial No.: 09/681,354
Comments: Please see attached.
Docket No.: 14531.123.1
Customer No.: 47973

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PATENT APPLICATION

Docket: 14531.123.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Robert M. Fries, et al.

Serial No.:

09/681,354

) Art Unit
) 2614

Filed:

March 24, 2001

Confirmation No.:

5279

For:

ELECTRONIC PROGRAM GUIDE
HARDWARE CARD

Examiner:

Jason P. Salce

Customer No.:

47973

CERTIFICATE OF FACSIMILE TRANSMISSION

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

I hereby certify that this paper is being transmitted via facsimile at facsimile number 801-328-1707 to the Patent and Trademark Office to phone no. 571-272-7301 (Formal Fax No.) on the date shown below.

- Transmittal Letter (1 page)
- Amendment "C" (20 pages)

Dated this 21st of December, 2005.

Respectfully submitted,



MICHAEL B. DODD

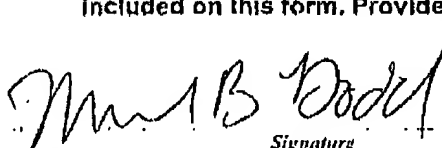
Attorney for Applicant

Registration No. 46,437

Customer No. 47973

C:\KJ\000\000482V001

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 14531.123.1	
Applicant(s) Robert M. Fries, et al.						
Application No. 09/681,354	Filing Date March 24, 2001	Examiner Jason P. Salce	Customer No. 047973	Group Art Unit 2614	Confirmation No. 5279	
Invention: ELECTRONIC PROGRAM GUIDE HARDWARE CARD						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	35	39	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4	4	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card, Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: December 21, 2005			
MICHAEL B. DODD Registration No. 46,437 Customer No. 47973			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			

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Docket No. 14531.123.1

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ELECTRONIC PROGRAM GUIDE HARDWARE
CARD

Examiner:

Jason P. Salce

Customer No.:

047973

AMENDMENT "C"Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of October 17, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.